

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

CHANGE IN DESIGNATED REPRESENTATIVE FOR A WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

When a change in Designated Representative occurs for a Wisconsin licensed wholesale distributor of prescription drugs, (**Form #2812**) and (**Form #2687**) must be completed and attached to this form. The Designated Representative listed must meet all requirements of Wis. State Stats. § 450.071(3)(c).

Please Note: This change will not be approved until the required fingerprint check has been cleared and (**Form #2812**) has been submitted and approved. If applicant is VAWD accredited the Designated Representative will not need to submit fingerprint cards. To check if the current change has been updated go to the Department web site at dsps.wi.gov under "License Look Up". Please allow at least 20 business days for this change to occur.

Complete the following and return to the Pharmacy Examining Board at the address listed below.

WHOLESALE DISTRIBUTOR FACILITY THAT HAS A CHANGE IN DESIGNATED REPRESENTATIVE:

DBA Name of Facility

Current WI Distributor License #

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NEW DESIGNATED REPRESENTATIVE:

Name of Designated Responsible Representative for the Distribution of Prescription Drugs

Address of Designated Responsible Representative for the Distribution of Prescription Drugs (street, city, state, zip)

Dates Lived at Residence:

Read and sign below showing compliance. I swear or affirm to the truthfulness of each item in (**Form #2812**) for the Designated Representative listed above.

Signature:

Date:

Title:

From:

To:

Wisconsin Department of Safety and Professional Services

PREVIOUS DESIGNATED REPRESENTATIVE:

Name of Designated Responsible Representative for the Distribution of Prescription Drugs

Starting Date:

 / /

Ending Date:

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Return completed form along with (Form #2812) and (Form #2687) to:

Department of Safety and Professional Services
Attn: Pharmacy Examining Board
PO Box 8935
Madison WI 53708-8935

Or you may fax/email with facility cover sheet/letter to 608-261-7083 or dspscredpharmacy@wisconsin.gov.